

## APPLICATION DATA SHEET

### **Application Information**

Application Number:: NEW  
Filing date:: NOVEMBER 3, 2003  
Application Type:: REGULAR  
Subject Matter:: UTILITY  
Suggested Classification:: Class 073  
Suggested Group Art Unit:: 2856  
Title:: SHAPED CHARGE TUBING CUTTER  
Attorney Docket Number:: Titan 001.02  
Request for Early Publication:: NO  
Request for Non-Publication:: NO  
Suggested Drawing Figure:: FIG. 2  
Total Drawing Sheets:: 8  
Small Entity:: Yes  
Petition included:: NO  
Petition Type:: NA  
Licensed US Govt. Agency:: NO  
Contract or Grant Numbers:: NA  
Secrecy Order in Parent Application:: NO

### **Applicant Information:**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States of America  
Status:: Full Capacity  
Given Name:: William  
Middle Name:: T.  
Family Name:: Bell  
City of Residence:: Huntsville  
State or Province of Residence:: Texas

Street of mailing address:: 2534B FM 1375E  
City of mailing address:: Huntsville  
State or Province of mailing address:: Texas  
Country of mailing address:: United States of America  
Postal or Zip Code of mailing address:: 77340

### **Correspondence Information**

Correspondence Customer Number:: 37471  
Name:: W. Allen Marcontell  
Street of mailing address:: P.O. Box 800149  
City of mailing address:: Houston  
State or Province of mailing address:: Texas  
Country of mailing address:: United States of America  
Postal or Zip Code of mailing address:: 77280-0149  
Phone number:: 713-849-5848  
Fax number:: 713-849-6658  
E-Mail address:: wampat@pdq.net

### **Representative Information**

Representative Customer Number:: 37471  
Representative name:: W. Allen Marcontell  
Representative Registration Number:: 22,925

### **Domestic Priority Information**

Application No.: This Application  
Continuity Type:: Division of  
Parent Application:: 10/017,116  
Parent Filing Date:: 12/14/01

### **Foreign Priority Information**

**Country::** NA  
**Application Number::** NA  
**Filing Date::** NA  
**Priority Claimed::**

## **Assignment Information**

**Assignee name::**  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**